P22000018604

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	-
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
STATE COMPONENTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: LOIC & GUS INC					
DOCUMENT NUM	MBER: P22000078604					
	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	itter to the following:				
	GUSTAVO SARDINA					
	· <u></u>	Name of Contact Persor	1			
	LOIC & GUS INC					
		Firm/ Company				
	PO BOX 145127					
		Address				
	CORAL GABLES, FL 33114	4				
	City/ State and Zip Code					
	venus@rapidliens.net					
	• •	sed for future annual report	notification)			
For further informat Gustavo Sardina	ion concerning this matter, plea		910-6464			
— Nam	e of Contact Person	at (Area Co-) 910-6464 de & Daytime Telephone Number			
Enclosed is a check	for the following amount made					
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address iment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LOIC & GUS INC

LOIC & GOS INC		
(Name of Corporation	as currently filed with the Florida D	ept. of State)
P22000078604		
(Docume	t Number of Corporation (if known)	 .
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	atutes, this Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	oration:	
AMANDIS NAIL SALON INC		The new
name must be distinguishable and contain the word "cor, "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	r "Co". A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>ESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. It	ered Agent:	ann af tha maritim
nercny accept the appointment as registered agent. The	m jamuar wun ana ассері ine ootigati	ons of the position.
Signati	re of New Registered Agent, if changing	Υ
· ·		•
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				-
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) l (Be specific)			
	 -			
				
				
	_			
				
				 .
			· · · · · · · · · · · · · · · · · · ·	
	-			
If an amendment provides for an exch	ange, reclassification	or cancellation of i	issued shares,	
provisions for implementing the amer	adment if not contain	ed in the amendme	nt itself:	
(if not applicable, indicate N/A)				
				<u>. </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if it the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Coustavo Sardina	
(Typed or printed name of person signing)	
BUNIC.	
(Title of person signing)	